



**STATE OF ARKANSAS**  
**FACILITY MEMBERSHIP APPLICATION FOR**  
**MULTI-STATE LABORATORY SUPPLIES CONTRACT**  
**AND**  
**HOMELAND EQUIPMENT LABORATORY PRODUCTS (HELP)**

**CONTRACT NUMBER: SP-04-0430**

The completed form must be returned to the Arkansas Office of State Procurement for authorization. This form should be faxed to (501) 324-9311 or e-mailed within five (5) days after signing to:

[rebecca.oneal@dfa.state.ar.us](mailto:rebecca.oneal@dfa.state.ar.us)

1. State of \_\_\_\_\_
2. Facility Name: \_\_\_\_\_  
Purchasing Contact Person (On-Site): \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Street Address (include P.O. Box if applicable): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_
3. Average dollar amount of homeland equipment/ laboratory products purchased per month:  
\$ \_\_\_\_\_
4. Circle which best describes your facility setting:  
  - (a) Public Health Laboratory
  - (b) Environment Quality Testing Facility
  - (c) Student Health Laboratory
  - (d) Correctional Facility
  - (e) Community Health Facility
  - (f) Hospital/Clinic
  - (g) Criminal Laboratory
  - (h) Veterinary/Animal Testing Laboratory
  - (i) Nursing Home
  - (j) Acute Care Hospital
  - (k) Other (Please indicate) \_\_\_\_\_
5. Approximate number of laboratory personnel in your facility \_\_\_\_\_.

The above information is true and correct.

Signed: \_\_\_\_\_  
Authorized Laboratory Personnel

Date: \_\_\_\_\_